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FACSIMILE TRANSMISSION

DATE: April 25, 2005

FROM:

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NUMBER OF PAGES (including this page): 3

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TO:

TELEPHONE:

Commissioner for Patents
United States Patent and
Trademark Office

RE:

FAX: (703) 872-9306

Application No. various see
attached list
Filed: various see attached list
Art Unit:
Examiner:
Inv.:
Docket No.

MESSAGE Attached are the following:

1. Transmittal (one page);
2. CORRESPONDENCE ADDRESS INDICATION FORM.

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PTO/SB/21 (09-04)

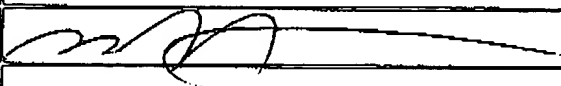
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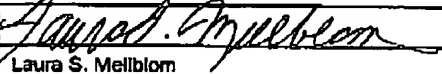
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	see attached
	Filing Date	see attached
	First Named Inventor	
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	one	Attorney Docket Number

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for the required fees.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	SETTER OLLILA LLC		
Signature			
Printed Name	Michael J. Setter		
Date	4/25/05	Reg. No.	37,936

CERTIFICATE OF TRANSMISSION/MAILING			
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PTO/SB/121 (05-03)

Approved for use through 11/30/2005. OMB 0851-0035

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Please recognize the following address as the correspondence address:

- ☒ Customer Number **53276**
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☐ Request for Customer Number (PTO/SB/125) submitted herewith.

In the following listed application(s) or patent(s) :

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/433,850		11/4/1999
	09/640,260		8/16/2000
	09/750,829		12/28/2000
	09/686,562		10/25/2000
	09/654,714		9/5/2000
	09/802,194		3/8/2001
	10/093,762		3/8/2002
	10/093,677		3/8/2002
	10/261,013		9/30/2002
	09/919,283		7/31/2001

Typed or Printed Name	Michael J. Setter			(check one) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire Interest. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or agent of record 37,938 (Reg. No.)
Signature				
Date	4-25-03	Telephone	(303) 938-9999 x13	
Address of signer: SETTER OLLILA LLC 2060 Broadway, Suite 300 Boulder, CO 80302				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
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